

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Benefit Marketing Allies Corp

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

BMA

3. Debtor's federal Employer Identification Number (EIN) 86-2052286

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

11340 Lakefield Drive, Suite 200  
Duluth, GA 30097

Number, Street, City, State & ZIP Code

Fulton

County

3823 Saint Annes Court  
Duluth, GA 30096

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Benefit Marketing Allies Corp** Case number (if known) \_\_\_\_\_  
Name

**7. Describe debtor's business** A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?** *Check one:*

- ☒ Chapter 7  
☐ Chapter 9  
☐ Chapter 11. *Check all that apply:*
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- ☒ No  
☐ Yes.

Debtor **Benefit Marketing Allies Corp** Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

List all cases. If more than 1,  
attach a separate list

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

☐ Funds will be available for distribution to unsecured creditors.

☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**15. Estimated Assets**

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

**16. Estimated liabilities**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Benefit Marketing Allies Corp** Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 20, 2024**  
MM / DD / YYYY

**X /s/ Alexander L. Cardona**  
Signature of authorized representative of debtor  
  
Title **CEO**

**Alexander L. Cardona**  
Printed name

**18. Signature of attorney**

**X /s/ Paul Reece Marr GA Bar #**  
Signature of attorney for debtor

Date **December 20, 2024**  
MM / DD / YYYY

**Paul Reece Marr GA Bar # 471230**  
Printed name

**Paul Reece Marr, P.C.**  
Firm name

**6075 Barfield Road**  
**Suite 213**  
**Sandy Springs, GA 30328-4402**  
Number, Street, City, State & ZIP Code

Contact phone **(770) 984-2255** Email address **paul.marr@marrlegal.com**

**GA Bar # 471230 GA**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name Benefit Marketing Allies Corp

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 20, 2024

X /s/ Alexander L. Cardona

Signature of individual signing on behalf of debtor

Alexander L. Cardona

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Benefit Marketing Allies Corp

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**  
Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**  
Copy line 91A from *Schedule A/B*..... \$ **0.00**

1c. **Total of all property:**  
Copy line 92 from *Schedule A/B*..... \$ **0.00**

**Part 2: Summary of Liabilities**

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)  
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**  
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **82,554.07**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**  
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **270,782.01**

4. **Total liabilities** .....  
Lines 2 + 3a + 3b \$ **353,336.08**

**Fill in this information to identify the case:**Debtor name **Benefit Marketing Allies Corp**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☒ No. Go to Part 2.  
☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

**11. Accounts receivable**

11b. Over 90 days old:	<b>6,000.00</b>	-	<b>6,000.00</b>	=...	<b>\$0.00</b>
	face amount		doubtful or uncollectible accounts		

**12. Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$0.00****Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

Debtor Benefit Marketing Allies Corp Case number (If known) \_\_\_\_\_  
Name

- ☐ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☐ Yes Fill in the information below.



Debtor Benefit Marketing Allies Corp Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$0.00</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$0.00</u>

Fill in this information to identify the case:

Debtor name **Benefit Marketing Allies Corp**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **Benefit Marketing Allies Corp**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Georgia Department of Revenue Compliance Div ARCS Bankruptcy 1800 Century Blvd NE, # 9100 Atlanta, GA 30345-3202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$5,310.00</b>	<b>\$5,310.00</b>
	Date or dates debt was incurred <b>2022</b>	Basis for the claim: <b>income tax</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Georgia Department of Revenue Compliance Div ARCS Bankruptcy 1800 Century Blvd NE, # 9100 Atlanta, GA 30345-3202</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$10,142.00</b>	<b>\$10,142.00</b>
	Date or dates debt was incurred <b>2023</b>	Basis for the claim: <b>income tax</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Benefit Marketing Allies Corp</b> Name	Case number (if known)
2.3	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>income tax</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred <b>2022</b>  Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<b>\$19,358.00</b> <b>\$19,358.00</b>
2.4	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>income tax, interest, and penalty</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred <b>2023</b>  Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<b>\$47,744.07</b> <b>\$35,890.00</b>

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		<div style="background-color: #f2f2f2; padding: 2px; display: inline-block;">Amount of claim</div>
3.1	Nonpriority creditor's name and mailing address <b>Advaiya</b> <b>14574 Bel Red Rd., Suite 201</b> <b>Bellevue, WA 98007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>account payable</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$3,385.55</b>
3.2	Nonpriority creditor's name and mailing address <b>Benjamin Arndt</b> <b>516 Benjamin Avenue SE</b> <b>Grand Rapids, MI 49506</b>  Date(s) debt was incurred <u>1/18/2021 - 12/31/2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>independent contractor claims</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$22,079.00</b>
3.3	Nonpriority creditor's name and mailing address <b>Elizabeth Aten Lamberson, Esq.</b> <b>6333 East Mockingbird Lane</b> <b>Suite 147-524</b> <b>Dallas, TX 75214</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>notice only; attorney for Victoria Damone-Baird and Jill Sutherland</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$0.00</b>

Debtor	Benefit Marketing Allies Corp <small>Name</small>	Case number (if known)
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Fortune Beast</b> <b>11555 Medlock Bridge Road</b> <b>Duluth, GA 30097</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$22,482.11</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>account payable</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Int'l Health Sharing Inc.</b> <b>c/o R. Heath Cheek, Esq.</b> <b>2323 Ross Avenue, Suite 1900</b> <b>Dallas, TX 75201</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>business dispute</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Jennifer Hinkson</b> <b>4925 Rasor Blvd, Apt 142</b> <b>Plano, TX 75024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>independent contractor claims</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Jill Sutherland</b> <b>144 Tyler Way</b> <b>Jefferson, GA 30549</b>  Date(s) debt was incurred <u>3/1/2021 - 12/31/2021</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$13,171.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Fair Labor Standards Practices Act Complaint; Victoria Damone-Baird and Jill Sutherland vs. International Health Sharing, Inc. d/b/a Netwell, Benefit Marketing Allies Corporation, Alexander Cardona, and Ronald Bruno</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Mason G. Jones, Esq.</b> <b>Bell Nunnally &amp; Martin LLP</b> <b>2323 Ross Avenue</b> <b>Dallas, TX 75201</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>notice only; litigation counsel</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Michael E. Coles, Esq.</b> <b>8080 North Central Expressway</b> <b>Suite 1700</b> <b>Dallas, TX 75206</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>notice only; attorney for Victoria Damone-Baird and Jill Sutherland</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>R. Heath Cheek, Esq.</b> <b>Bell Nunnally &amp; Martin LLP</b> <b>2323 Ross Avenue</b> <b>Dallas, TX 75201</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>notice only; litigation counsel</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
<b>Benefit Marketing Allies Corp</b>	
<b>3.11</b> Nonpriority creditor's name and mailing address <b>Regus Management Group, LLC</b> <b>15305 Dallas Parkway</b> <b>12th Floor</b> <b>Addison, TX 75001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$5,767.67</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Internal Office Service Agreement dated 08/31/2023</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.12</b> Nonpriority creditor's name and mailing address <b>Selena Alvarez</b> <b>140 Nopal Lance</b> <b>Buda, TX 78610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>independent contractor claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.13</b> Nonpriority creditor's name and mailing address <b>simTraction</b> <b>10551 Barkley St Ste 117</b> <b>Overland Park, KS 66212-1839</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$22,500.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>amounts due pursuant to Master Service Agreement dated 6/2/2022</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.14</b> Nonpriority creditor's name and mailing address <b>TPx</b> <b>Christine Lamerato</b> <b>303 Colorado St., Suite 2075</b> <b>Austin, TX 78701</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$6,689.68</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>account payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.15</b> Nonpriority creditor's name and mailing address <b>Tracy Berwick, et al</b> <b>c/o Elizabeth Lamberson, Esq.</b> <b>6333 E Mockinbird Ln #147-5524</b> <b>Dallas, TX 75214</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$76,500.00</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Fair Labor Standards Practices Act Complaint; Tracy Berwick, Blake Berwick, Tonya Downtain, Mihail Chiru-Danzer, and Courtney Ulmer v. International Health Sharing Inc., Benefit Marketing Allies Corporatoin, and Alexander Cardona</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.16</b> Nonpriority creditor's name and mailing address <b>Victoria Damone-Baird</b> <b>6908 Presston Glen Drive</b> <b>Dallas, TX 75230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$98,207.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Fair Labor Standards Practices Act Complaint; Victoria Damone-Baird and Jill Sutherland vs. International Health Sharing, Inc. d/b/a Netwell, Benefit Marketing Allies Corporation, Alexander Cardona, and Ronald Bruno</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **Benefit Marketing Allies Corp**  
Name

Case number (if known)

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Dept. of Justice Tax Division Civil Trial § Southern Region P O Box 14198 Washington, DC 20044</b>	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Internal Revenue Service 401 W. Peachtree Street, N.W. Stop 334-D Atlanta, GA 30308</b>	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>International Health Sharing Ronald E. Bruno, CEO 5051 P'tree Corners Circle #200 Norcross, GA 30092</b>	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>JAMS c/o Cecilia H. Morgan, Esq 8401 N. Central Expwy, #610 Dallas, TX 75225</b>	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>Tracy Berwick c/o Michael E. Coles, Esq. 4925 Greenville Avenue, # 200 Dallas, TX 75206</b>	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>United States Attorney 600 Richard B. Russell Bldg 75 Ted Turner Drive, S.W. Atlanta, GA 30303</b>	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>United States Attorney General U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530-0001</b>	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>82,554.07</u>
5b. +	\$ <u>270,782.01</u>
5c.	\$ <u>353,336.08</u>

Fill in this information to identify the case:

Debtor name **Benefit Marketing Allies Corp**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Internal Office Service Agreement dated 08/31/2023**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Regus Management Group, LLC  
15305 Dallas Parkway  
12th Floor  
Addison, TX 75001**



Fill in this information to identify the case:

Debtor name **Benefit Marketing Allies Corp**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

# Official Form 206H

## Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Alex Cardona 3823 Saint Annes Court  
Duluth, GA 30096

Victoria  
Damone-Baird

☐ D \_\_\_\_\_  
☒ E/F **3.16**  
☐ G \_\_\_\_\_

2.2 Alex Cardona 3823 Saint Annes Court  
Duluth, GA 30096

Jill Sutherland

☐ D \_\_\_\_\_  
☒ E/F **3.7**  
☐ G \_\_\_\_\_

2.3 Int'l Health Sharing Inc. c/o R. Heath Cheek, Esq.  
2323 Ross Avenue, Suite 1900  
Dallas, TX 75201

Tracy Berwick, et al

☐ D \_\_\_\_\_  
☒ E/F **3.15**  
☐ G \_\_\_\_\_

2.4 Int'l Health Sharing Inc. c/o R. Heath Cheek, Esq.  
2323 Ross Avenue, Suite 1900  
Dallas, TX 75201

Tracy Berwick, et al

☐ D \_\_\_\_\_  
☒ E/F **3.15**  
☐ G \_\_\_\_\_

Debtor Benefit Marketing Allies Corp Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	<b>Int'l Health Sharing Inc.</b>	c/o R. Heath Cheek, Esq. 2323 Ross Avenue, Suite 1900 Dallas, TX 75201	<b>Victoria Damone-Baird</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.16</u> <input type="checkbox"/> G _____
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2.6	<b>Int'l Health Sharing Inc.</b>	c/o R. Heath Cheek, Esq. 2323 Ross Avenue, Suite 1900 Dallas, TX 75201	<b>Jill Sutherland</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.7</u> <input type="checkbox"/> G _____
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2.7	<b>Ronald Bruno</b>	15313 Falconhead Grove Loop Austin, TX 78738	<b>Victoria Damone-Baird</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.16</u> <input type="checkbox"/> G _____
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2.8	<b>Ronald Bruno</b>	15313 Falconhead Grove Loop Austin, TX 78738	<b>Jill Sutherland</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.7</u> <input type="checkbox"/> G _____
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**Fill in this information to identify the case:**

Debtor name Benefit Marketing Allies Corp

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**  
From 1/01/2024 to **Filing Date**

**Sources of revenue**  
Check all that apply

☒ Operating a business  
☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

\$1,980,033.00

**For prior year:**  
From 1/01/2023 to 12/31/2023

☒ Operating a business  
☐ Other \_\_\_\_\_

\$6,909,558.00

**For year before that:**  
From 1/01/2022 to 12/31/2022

☒ Operating a business  
☐ Other \_\_\_\_\_

\$1,636,400.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **Benefit Marketing Allies Corp**

Case number (if known) \_\_\_\_\_

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Tracy Berwick, Blake Berwick, Tonya Downtain, Mihail Chiru-Danzer, and Courtney Ulmer vs. International Health Sharing Inc. dba Netwell, Benefit marketing Allies Corporation, and Alexander Cardona 3:22-cv-01720-S	Fair Labor Standards Act Complaint	U.S. District Court Northern District of Texas (Dallas)	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	Victoria Damone-Baird and Jill Sutherland vs. International Health Sharing, Inc. d/b/a Netwell, Benefit Marketing Allies Corporation, Alexander Cardona (an Individual), and Ronald Bruno (an Individual) 3:24-cv-03089-L	Fair Labor Standards Act	U.S. District Court Northern District of TX, Dallas Div.	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Debtor **Benefit Marketing Allie Corp**

Case number (if known) \_\_\_\_\_

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers**

11. **Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Paul Reece Marr, P.C. 6075 Barfield Road Suite 213 Sandy Springs, GA 30328-4402	\$3,338.00 (\$3,000.00 attorney fee + \$338.00 Petition filing fee)	08/21/2024	\$3,338.00
Email or website address paul.marr@marrlegal.com			
Who made the payment, if not debtor? RivalRx Inc			

12. **Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. **Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Debtor **Benefit Marketing Allies Corp**

Case number (if known) \_\_\_\_\_

Who received transfer?  
AddressDescription of property transferred or  
payments received or debts paid in exchangeDate transfer  
was madeTotal amount or  
value**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address

Dates of occupancy  
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services  
the debtor providesIf debtor provides meals  
and housing, number of  
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ NoneFinancial Institution name and  
AddressLast 4 digits of  
account numberType of account or  
instrumentDate account was  
closed, sold,  
moved, or  
transferredLast balance  
before closing or  
transfer18.1. JPMorgan Chase Bank, N.A.  
PO Box 182051  
Columbus, OH 43218-2051

XXXX-5012

- ☒ Checking
- ☐ Savings
- ☐ Money Market
- ☐ Brokerage
- ☐ Other \_\_\_\_\_

July 2024

Unknown

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **Benefit Marketing Allies Corp**

Case number (if known) \_\_\_\_\_

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☐ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☐ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☐ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

**Part 13: Details About the Debtor's Business or Connections to Any Business**

Debtor **Benefit Marketing Allies Corp**

Case number (if known) \_\_\_\_\_

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

**Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

**Dates business existed****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

**Name and address****Date of service  
From-To**

26a.1. **Impact Accounting Partners LLC**  
**311 Piney Acres Road**  
**Blue Ridge, GA 30513**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

**Name and address****If any books of account and records are  
unavailable, explain why**

26c.1. **Impact Accounting Parnters LLC**  
**311 Piney Acres Road**  
**Blue Ridge, GA 30513**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the  
inventory****Date of inventory****The dollar amount and basis (cost, market,  
or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.****Name****Address****Position and nature of any  
interest****% of interest, if  
any****Alexander L. Cardona**

**11340 Lakefield Drive**  
**Suite 200**  
**Duluth, GA 30097**

**CEO****100%**



Debtor **Benefit Marketing Allies Corp**

Case number (if known) \_\_\_\_\_

Name	Address	Position and nature of any interest	% of interest, if any
Ron Bruno	11340 Lakefield Drive Suite 200 Duluth, GA 30097	Secretary, CFO	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Alex Cardona 3823 Saint Annes Court Duluth, GA 30096	\$140,000.00	past 365 days	owner/officer draws
	Relationship to debtor CEO, sole owner, employee			
30.2	Alex Cardona 3823 Saint Annes Court Duluth, GA 30097-6000	\$477,329.90	past 365 days pre-Petition	W-2 payroll
	Relationship to debtor CEO, sole owner, employee			
30.3	Ronald Bruno 6908 Presston Glen Drive Dallas, TX 75230	\$7,450.00	365 day pre-Petition period	officer draws
	Relationship to debtor CFO, employee			
30.4	Roanld Bruno 6908 Presston Glen Drive Dallas, TX 75230	\$157,131.00	365 day pre-petition period	W-2 payroll
	Relationship to debtor CFO, employee			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Debtor **Benefit Marketing Allies Corp**

Case number (if known) \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Debtor **Benefit Marketing Allies Corp**

Case number (if known) \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 20, 2024**

**/s/ Alexander L. Cardona**

Signature of individual signing on behalf of the debtor

**Alexander L. Cardona**

Printed name

Position or relationship to debtor **CEO**

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Northern District of Georgia, Atlanta Division**

In re **Benefit Marketing Allies Corp**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>3,000.00</b>
Prior to the filing of this statement I have received .....	\$	<b>3,000.00</b>
Balance Due .....	\$	<b>0.00</b>

2. \$ **338.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☐ Debtor ☒ Other (specify): **RivalRx Inc**
4. The source of compensation to be paid to me is:  
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;  
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  
d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**representation of the debtor(s) in adversary proceedings.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**December 20, 2024**

*Date*

**/s/ Paul Reece Marr GA Bar #**

**Paul Reece Marr GA Bar # 471230**

*Signature of Attorney*

**Paul Reece Marr, P.C.**

**6075 Barfield Road**

**Suite 213**

**Sandy Springs, GA 30328-4402**

**(770) 984-2255 Fax: (678) 623-5109**

**paul.marr@marrlegal.com**

*Name of law firm*

**United States Bankruptcy Court**  
**Northern District of Georgia, Atlanta Division**

In re **Benefit Marketing Allies Corp**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **December 20, 2024**

**/s/ Alexander L. Cardona**

**Alexander L. Cardona/CEO**

Signer/Title

Advaiya  
14574 Bel Red Rd., Suite 201  
Bellevue, WA 98007

Alex Cardona  
3823 Saint Annes Court  
Duluth, GA 30096

Benjamin Arndt  
516 Benjamin Avenue SE  
Grand Rapids, MI 49506

Dept. of Justice Tax Division  
Civil Trial & Southern Region  
P O Box 14198  
Washington, DC 20044

Elizabeth Aten Lamberson, Esq.  
6333 East Mockingbird Lane  
Suite 147-524  
Dallas, TX 75214

Fortune Beast  
11555 Medlock Bridge Road  
Duluth, GA 30097

Georgia Department of Revenue  
Compliance Div ARCS Bankrptcy  
1800 Century Blvd NE, # 9100  
Atlanta, GA 30345-3202

Int'l Health Sharing Inc.  
c/o R. Heath Cheek, Esq.  
2323 Ross Avenue, Suite 1900  
Dallas, TX 75201

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

Internal Revenue Service  
401 W. Peachtree Street, N.W.  
Stop 334-D  
Atlanta, GA 30308

International Health Sharing  
Ronald E. Bruno, CEO  
5051 P'tree Corners Circle #200  
Norcross, GA 30092

JAMS  
c/o Cecilia H. Morgan, Esq  
8401 N. Central Expwy, #610  
Dallas, TX 75225

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Jefferson, GA 30549

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Regus Management Group, LLC  
15305 Dallas Parkway  
12th Floor  
Addison, TX 75001

Ronald Bruno  
15313 Falconhead Grove Loop  
Austin, TX 78738

Selena Alvarez  
140 Nopal Lance  
Buda, TX 78610

simTraction  
10551 Barkley St Ste 117  
Overland Park, KS 66212-1839

TPx  
Christine Lamerato  
303 Colorado St., Suite 2075  
Austin, TX 78701

Tracy Berwick  
c/o Michael E. Coles, Esq.  
4925 Greenville Avenue, # 200  
Dallas, TX 75206

Tracy Berwick, et al  
c/o Elizabeth Lamberson, Esq.  
6333 E Mockinbird Ln #147-5524  
Dallas, TX 75214

United States Attorney  
600 Richard B. Russell Bldg  
75 Ted Turner Drive, S.W.  
Atlanta, GA 30303



United States Attorney General  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

Victoria Damone-Baird  
6908 Presston Glen Drive  
Dallas, TX 75230

**United States Bankruptcy Court**  
**Northern District of Georgia, Atlanta Division**

In re **Benefit Marketing Allies Corp**

Debtor(s)

Case No.  
Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Benefit Marketing Allies Corp** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**December 20, 2024**

Date

**/s/ Paul Reece Marr GA Bar #**

**Paul Reece Marr GA Bar # 471230**

Signature of Attorney or Litigant

Counsel for **Benefit Marketing Allies Corp**

**Paul Reece Marr, P.C.**

**6075 Barfield Road**

**Suite 213**

**Sandy Springs, GA 30328-4402**

**(770) 984-2255 Fax:(678) 623-5109**

**paul.marr@marrlegal.com**